

## **POSITION**

IP NO.

**DATE**

POSITION	ID NO.	DATE
CLASSIFIER	28	6/30/95
EXAMINER	401	7/20/95
TYPIST	T.D.	7/20/95
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## **INDEX OF CLAIMS**

BEST AVAILABLE COPY

Claim	Date
Original	09/02/99
1	30/04/99
2	97/97
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13	✓ = ✓
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19	✓ = ✓
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## **SYMBOLS**

- |                    |              |
|--------------------|--------------|
| ✓                  | Rejected     |
| =                  | Allowed      |
| - (Through number) | Canceled     |
| +                  | Restricted   |
| N                  | Non-elected  |
| I                  | Interference |
| A                  | Appeal       |
| O                  | Objected     |

Claim	Date
Final Original	
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